

ABSTRACT

AIMS AND OBJECTIVES

To assess the maternal outcome in the form of maternal mortality/ morbidity, the perinatal outcome in the form of APGAR, Birth weight & perinatal mortality/morbidity in cases of abruption placenta and to discuss future management options and see if early intervention has a better maternal-fetal outcome.

MATERIAL AND METHOD:

It is a longitudinal study done from Jan 2018 to Aug 2018 in Govt. Kilpauk Medical college hospital. 51 patients admitted with clinical presentation of abruptio placenta – vaginal bleeding, pain abdomen or uterine tenderness after 24 weeks of gestation were included in the study and the diagnosis of abruption placenta was confirmed later on by placental examination. All the patients in the study population were clinically evaluated and worked up immediately with necessary investigations. A questionnaire which included the demographic profile and risk factors of the mothers was used to collect data. This included details like maternal age, obstetric score, AN visits, and the gestational period at which abruption occurred, etc. Details of associated medical problems and obstetrical risk were noted. The amount of retro placental clots, abruption delivery interval and the Maternal outcome like shock, post partum hemorrhage, acute renal failure, need for mechanical ventilation, Disseminated Intra Vascular Coagulation was

noted. The fetal/neonatal outcome like intrauterine demise, birth weights, and an Apgar score at 1 min and 5 min was recorded and compared.

RESULTS

The majority of abruption cases occurred in women between 20-25 years of age and the incidence was greater in multigravidas(55%).Maximum cases occurred between 24 – 34 weeks of gestational age(51.9%). The predominant presenting symptoms were pain abdomen(82.5%) followed by bleeding per vaginum(62.7%).majority were grade 3 abruptions(52.94%). Pre eclampsia(60.78%) and anemia(50.98%) were the most common risk factors. The average abruption to delivery interval was 3.32 hours and 72.5% of the cases were delivered by cesarean section. The most common complication observed was acute kidney injury(47.05%), 21.56% of the cases required dialysis,19.6% cases went in for post partum hemorrhage, 29.4% had couvelaire uterus, 17.64% went in for DIVC and 25.4% cases went in for HELLP syndrome. Majority of the cases with complications had 300-500gram of retroplacental clots. 50.9% of the babies had died in utero and of the remaining 49.1% live babies, the average 1 minute APGAR was 5/10 and 5 minute APGAR was 7/10.The average birth weight of these babies were 2.02kg.There was no maternal mortality in our study.

CONCLUSION: Anemia and pre eclampsia being the most common risk factors predisposing to abruption placenta, have to be identified and treated earlier.It is also advisable to suspect and diagnose cases of abruption and promptly deliver them so that the insult to the mother and fetus is decreased.